

JC05 Rec'd PCT/PTO 21 SEP 2009

**APPLICATION DATA SHEET****Application Information**

Application Type:: National Phase  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:  
Computer Readable Form (CRF):  
Number of copies of CRF:  
Title:: SYNERGISTIC COMBINATION COMPRISING  
ROFLUMILAST AND AN ANTICHOLINERGIC  
AGENT SELECTED FROM IPRATROPIUM,  
OXITROPIUM AND TIOTROPIUM SALTS  
FOR THE TREATMENT OF RESPIRATORY  
DISEASES  
Attorney Docket Number:: 26967U  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggest Drawing Figure::  
Total Drawing Sheets:: 4  
Small Entity?: No  
Latin name::  
Variety denomination name::  
Petition included?: No  
Petition Type::  
Licensed U.S. Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity

Given Name::	Daniela
Middle Name::	
Family Name::	BUNDSCHUH
Name Suffix:::	
City of Residence::	Konstanz
State or Province of Residence::	
Country of Residence::	DE
Street of Mailing address::	Rheingutstrasse 17,
City of mailing address::	Konstanz
State/Province of mailing address::	
Country of mailing address::	DE
Postal Code of mailing address::	78462

#### **Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Stefan-Lutz
Middle Name::	
Family Name::	WOLLIN
Name Suffix:::	
City of Residence::	Meersburg
State or Province of Residence::	
Country of Residence::	DE
Street of Mailing address::	Lehrenweg 15/4,
City of mailing address::	Meersburg
State/Province of mailing address::	
Country of mailing address::	DE
Postal Code of mailing address::	88709

#### **Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Christian
Middle Name::	
Family Name::	WEIMAR

Name Suffix:::  
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 State or Province of Residence::  
 Country of Residence:: DE  
 Street of Mailing address:: Helene und Maria Schiess-Str.  
 29,  
 City of mailing address:: Konstanz  
 State/Province of mailing address::  
 Country of mailing address:: DE  
 Postal Code of mailing address:: 78467

**Correspondence Information**

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**Representative Information**

<b>Representative Customer Number::</b>	034375
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
EP	03007101.3	28 March 2003 (28.03.2003)	Yes

**Assignee Information**

Assignee name::	Altana Pharma AG
Street of mailing address::	Byk-Gulden-Str. 2
City of mailing address::	Konstanz
State/Province of mailing address::	
Country of mailing address::	DE
Postal Code of mailing address::	78467